

STATE OF ALABAMA
COUNTY OF ~~JEFFERSON~~

Shelby 2999101

20230821000250480 1/1 \$22.00
Shelby Cnty Judge of Probate, AL
08/21/2023 11:00:16 AM FILED/CERT

LIEN FOR MEDICAL PAYMENTS UNDER ALABAMA MEDICAID AGENCY

AKA John David Wolfe Sr

Whereas, JOHN WOLFE SR ("Medicaid Claimant") is justly indebted to the Alabama Medicaid Agency ("Agency") to the extent that the Agency has paid medical benefits for Medicaid Claimant under the Alabama Medicaid Program ("the Program"); and

WHEREAS, Medicaid Claimant may hereafter become indebted to the Agency to the extent that the Agency pays future benefits for Medicaid Claimant,

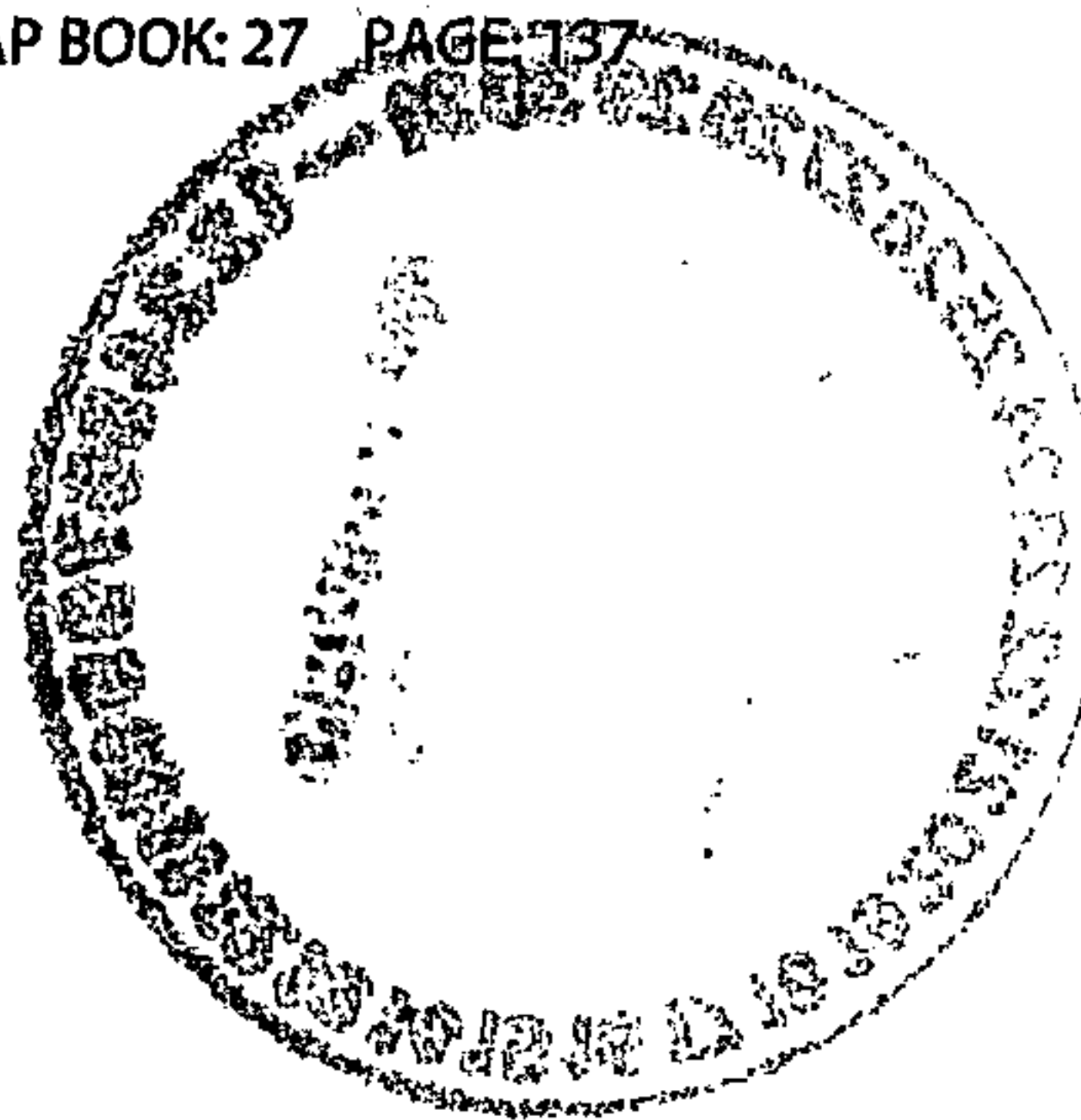
NOW, therefore, in order to secure the repayment of said indebtedness and in order for Medicaid Claimant to obtain medical benefits under the Program, the Medicaid Claimant, joined by (his)(her) spouse, does hereby GRANT, BARGAIN, SELL, ASSIGN and CONVEY unto the Agency, its successors and assigns, a lien for the full dollar value of said medical benefits paid and to be paid, on the following described real estate situated in SHELBY County, Alabama to-wit:

LEGAL DESCRIPTION

SUB DIVISON1: WATERFORD HIGHLANDS SECTOR 1 MAP BOOK: 27 PAGE: 137
SUB DIVISON2: MAP BOOK: 00 PAGE: 000

PRIMARY BLOCK: SECONDARY BLOCK:
PRIMARY LOT: 373 SECONDARY LOT:

METES AND BOUNDS:



Subject, however to all existing liens now on said property.

Notice of this lien will be recorded in said County. The dollar value of this lien as it may exist from time to time, may be obtained by writing to: Lien Office, Alabama Medicaid Agency, Post Office Box 5624, Montgomery, Alabama 36103-5624. This lien shall be due and payable upon the sale, transfer or lease of said property, or upon the death of Medicaid claimant, and shall otherwise be enforceable in accordance with the limitations of 42 U.S.C. s1396a(18) as the same may be amended.

IN WITNESS WHEREOF, the undersigned has duly executed this instrument to voluntarily grant the aforesaid lien on this the 8 day of May, 2023.

John Wolfe Sr. MEDICAID CLAIMANT

Jolene S. Wolfe by Michael S. Marlow P.O.A.

WITNESS: Pennie J. Gaffney
ADDRESS: 3016 Pump House Rd
B'ham, AL 35243
TELEPHONE: (205) 967-1010

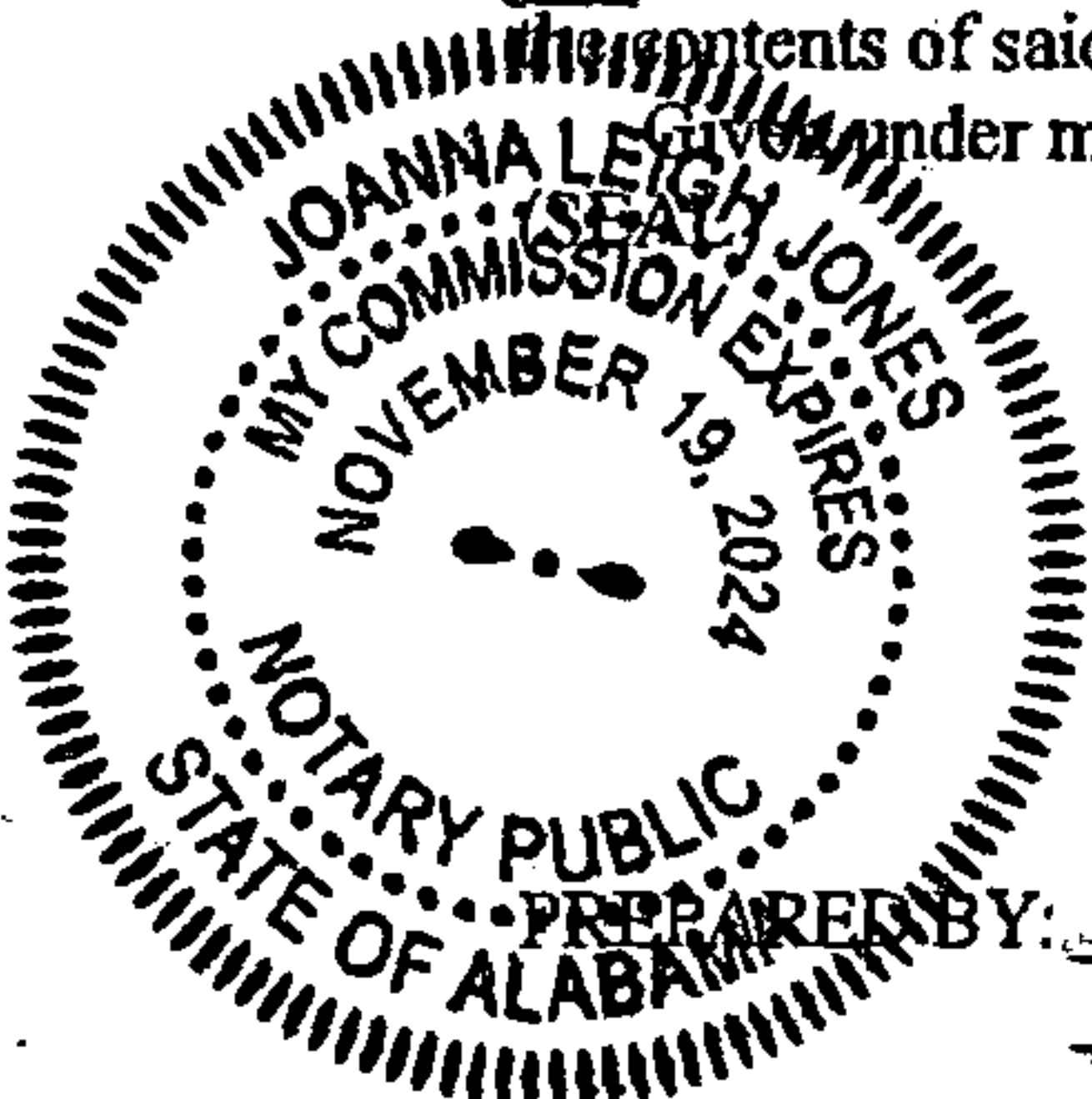
WITNESS: Cathy W Mills
ADDRESS: 3016 Pump House Rd
B'ham, AL 35243
TELEPHONE: 205 967 1010

STATE OF ALABAMA
COUNTY OF Jefferson

John Wolfe II, POA for

I, the undersigned, A Notary Public in and for said State and County, hereby certify that John Wolfe Sr whose name as an Alabama Medicaid claimant, a (single)(married) person, is signed to the foregoing instrument, and Jolene S. Wolfe (his)(her) spouse, whose name is also signed to said instrument, acknowledged before me on this day that being informed of the contents of said instrument (they)(he)(she) executed the same voluntarily on the day the same bears date.

Michael L. Marlow, POA for



Joanna Leigh Jones
NOTARY PUBLIC
3016 Pump House Rd.
Birmingham, AL 35243
ADDRESS

Commission Expires 11/19/24

PREPARED BY: AMA-B'ham DO
600 Beacon Pkwy W #300
B'ham AL 35209
E Sellers